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From: Joseph M. Noto	Date: April 30, 2004	No. of Pages: 10 (including this page)	200701/1127
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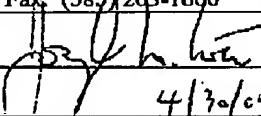
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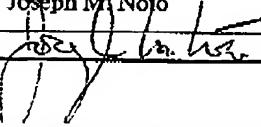
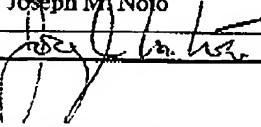
R763555.1

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/658,008
		Filing Date	September 9, 2003
		First Named Inventor	Zhang et al.
		Group Art Unit	1723
		Examiner Name	E. Therkorn
Total Number of Pages in This Submission	7	Attorney Docket Number	200701/1127

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of Assignment from Inventors Corso, Schultz, and Prosser to Advion BioSciences, Inc.		
		Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600	
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<b>FEE TRANSMITTAL FOR FY 2004</b> <i>Patent fees are subject to annual revision.</i>		<i>Complete if Known</i>																																																																																													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  <b>TOTAL AMOUNT OF PAYMENT</b> <input type="text" value="(\$ 55)"/>		Application Number <input type="text" value="10/658,008"/> Filing Date <input type="text" value="September 9, 2003"/> First Named Inventor <input type="text" value="Zhang et al."/> Examiner Name <input type="text" value="E. Therkorn"/> Art Unit <input type="text" value="1723"/> Attorney Docket No. <input type="text" value="200701/1127"/>																																																																																													
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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>																																																																																											
Name (Print/Type)	Joseph M. Nojo 	Registration No. (Attorney/Agent)	32,163	Telephone	(585) 263-1601																																																																																										
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